



EDUCATION INSTITUTE

ABOUT DR. BOBBY CHHOKER



I'm Dr Bobby Chhoker and I've been placing Implants for almost 25 years. I have a Masters Degree in Implant dentistry and have thoroughly enjoyed teaching Implant dentistry for over 15 years. I currently teach the postgraduate Certificate, Diploma and Masters Degree in Implant dentistry developed by myself and Professor Stewart Harding here in Australia.

Back when I started I was failing to increase my scope of practice in implant dentistry and was completely frustrated. I tried all the short courses but they were often too complicated and did not offer any form of long term support.

Then suddenly I came across the answer! What made the difference to my journey was that I was lucky enough to find the support and guidance of a mentor, and with the help of that mentorship I created a model that worked time and time again, not only making my practice precise and predictable but also exciting again and future proofing my career. I took all the failures, experiences, tips and secrets and created a plan, a pathway that logically and predictably planned out my success, it made me different and the dentist to go to! I realised that a good course with templates and fundamentals as well as mentorship allowed my students to start placing safely almost straight away, they then expanded on these skills in a set out programme to treat more and more complicated cases.



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CONSENT TO PERFORM COSMETIC DENTISTRY/COSMETIC RECONSTRUCTION

I the undersigned, authorise and request Dr.(s) at Dr Bobby Chhoker Clinic and/or such assistants as may be selected by him (them) to provide cosmetic dentistry/cosmetic reconstruction to address the conditions or symptoms based on the diagnostic studies and/or evaluations already performed and which have been explained to me: missing teeth, malposed teeth, irregular alignment, improper colour, excessive wear, inability to wear previous dentures or your desire to use an implant.

I also authorise and direct my dentist(s), with associates or assistants of his (their) choice, to provide such additional services as he (they) may deem reasonable and necessary including, but not limited to, the administration of anaesthetic agents, the performance of necessary laboratory, radiological (x-ray) and other diagnostic procedures; and the administration of medications orally, by injection, by infusion or by any other dentally accepted route of administration.

If an unforeseen condition arises in the course of treatment which calls for the performance of procedures in addition to or different from that now contemplated, I further authorise and direct my dentist(s), with associates or assistants of his (their) choice, to do whatever he (they) deem necessary and advisable under the circumstances, including the decision not to proceed with the cosmetic treatment.

Alternatives to cosmetic dentistry/cosmetic reconstruction have been explained to me, including their risks. I have considered these alternatives to treatment and their risks but I request the cosmetic dentistry/cosmetic reconstruction knowing the treatment is in part elective and cosmetic and not due to any breakdown of my teeth. I consent to the tooth reduction or loss of tooth structure necessary to accomplish the cosmetic requirements I would like to have.

I am aware that the practice of dentistry and cosmetic dentistry/cosmetic reconstruction is not an exact science and I acknowledge that no guarantees have been made to me concerning the success of my cosmetic dentistry/cosmetic reconstruction and the associated treatment and procedures. I am aware that there is a risk that the cosmetic dentistry/cosmetic reconstruction will require ongoing maintenance care, remaking of crowns, bridges and veneers and the longevity is directly related to what I eat and drink and my home-care habits.

The cosmetic dentistry/cosmetic reconstruction procedure has been explained to me and I understand the nature of these procedures and anaesthetic to be used as follows: Local Anaesthesia

As with any dental procedure, there are possible complications of which you must be aware. These include, but are not limited to: limited oral function; post operative pain; bleeding; infection or abscess which may require treatment or drainage; temporary bruising of the face; allergic reactions to metal and medications; a change in sensation or numbness to the lip, chin, face and/or tongue which may be of a

temporary or permanent nature; periodontal infection or condition requiring additional treatment; injury to the teeth; temporomandibular joint (jaw) problems requiring additional treatment and poor healing which may result in an alteration or change in the planned treatment. I have also been advised that there is a risk that the crowns, veneers and bridges may break which could require additional procedures to correct.

I understand that some or all of the cosmetic dentistry/cosmetic reconstruction is elective and only done for my cosmetic interest but there are dental conditions that, if left untreated, the following may occur: limited oral function; gum or bone disease; loss of bone; inflammation; infection; sensitivity; looseness and/or loss of teeth; shifting of teeth with bite changes; TMJ (jaw) problems and an inability to have the same treatment but, due to the changes in the oral conditions or medical conditions, additional and more extensive treatment will be considered.

I have been advised that the use of tobacco, coffee, alcohol, sugar and some prescription drugs will limit the cosmetic success of the treatment and require additional treatment to correct the problems. The reasons may include, but are not limited to, staining, decreased tissue health, periodontal disease, recurrent decay and fracture of teeth and restorations. Because there is no way to accurately predict the capabilities of each patient, I agree to follow my dentist's home care instructions and to report to my dentist for regular examinations, professional dental cleaning and maintenance as instructed.

I agree not to operate a motor vehicle or hazardous device for at least 24 hours or more until fully recovered from the effects of the anaesthesia or drugs given of my care as selected by my dentist.

I have had an opportunity to ask and have my questions answered. I understand my insurance may or may not cover dentistry for cosmetic reasons and I am responsible for all dental treatment regardless of my insurance plan.

To my knowledge I have given an accurate report of my physical, dental and mental health history. If I am currently in treatment for any health problems I certify that I have discussed the proposed treatment with my health care provider and have received his or her consent to undergo this cosmetic procedure.

I certify that I have read, have had explained to me, and fully understand the foregoing consent to cosmetic dentistry, drug and anaesthetic procedures and that it is my intention to have the foregoing carried out as stated. I have been advised of information concerning the longevity of the cosmetic procedures. However I have discussed this as well as the nature of the services and procedures and I consent to the cosmetic dentistry/cosmetic reconstruction knowing its risks and limitations.

Patient Signature

_____/_____/_____
Date